

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
XPAND OIL & GAS SOLUTIONS LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
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SECRETARY OF STATE
TALLAHASSEE, FL

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Xpand Oil & Gas Solutions LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. October 1, 2022(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. re determine penalty liability)5. 2755 East Oakland Park Blvd., Ste 200

(Street Address of Principal Office)

6. P.O. Box 508

(Mailing Address)

Ft. Lauderdale, FL 33306Wayne, PA 19087

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TALLAHASSEE, FL

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Michael O'NeillOffice Address: 2755 East Oakland Park Blvd., Ste 200Ft. Lauderdale, Florida 33306
(City) (Zip code)**Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/ Michael O'Neill

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

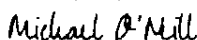
| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--|---|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Miguel Pena</u> | <input type="checkbox"/> Manager | Name: <u>Michael O'Neill</u> |
| <input type="checkbox"/> Member | Address: <u>2755 East Oakland Park Blvd.</u> | <input checked="" type="checkbox"/> Member | Address: <u>2755 East Oakland Park Blvd.</u> |
| <input type="checkbox"/> Authorized | <u>Ste 200</u> | <input type="checkbox"/> Authorized | <u>Ste 200</u> |
| Person | <u>Ft. Lauderdale, FL 33306</u> | Person | <u>Ft. Lauderdale, FL 33306</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: <u>Adam Mignogna</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Amr Radwan</u> |
| <input type="checkbox"/> Member | Address: <u>2755 East Oakland Park Blvd.</u> | <input type="checkbox"/> Member | Address: <u>2755 East Oakland Park Blvd.</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Ste 200</u> | <input type="checkbox"/> Authorized | <u>Ste 200</u> |
| Person | <u>Ft. Lauderdale, FL 33306</u> | Person | <u>Ft. Lauderdale, FL 33306</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:



Signature of an authorized person

Michael O'Neill, Authorized Person

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XPAND OIL & GAS SOLUTIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XPAND OIL & GAS SOLUTIONS LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7376248 8300

SR# 20241079361

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203065658

Date: 03-20-24